

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

95 JAN 25 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

**DOCUMENT # 171540 (8)**  
1. Corporation Name  
**ARCH CREEK LUMBER COMPANY**

Principal Place of Business      Mailing Address  
**15255 WEST DIXIE HIGHWAY**      **15255 WEST DIXIE HIGHWAY**  
**NORTH MIAMI BEACH FL 33162-6027**      **NORTH MIAMI BEACH FL 33162-6027**

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/15/1952**      **02/01/1994**  
4. FEI Number      Applied For  
**59-0689997**      Not Applicable  
5. Certificate of Status Desired            \$8.75 Additional Fee Required  
6. Election Campaign Financing            \$5.00 May Be Added to Fees  
Trust Fund Contribution  
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**ROSE, JAMES B**  
**15255 W DIXIE HWY**  
**NORTH MIAMI BEACH, FL**  
**33160**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      **FL**      85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable)      (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE	VP
NAME	LEE, SCOTT F.
STREET ADDRESS	151 S.W. 58TH AVENUE
CITY-ST-ZIP	PLANTATION FL
TITLE	PD
NAME	ROSE, JAMES B
STREET ADDRESS	5565 WEST 12 CT
CITY-ST-ZIP	HIALEAH, FL 00000
TITLE	ST
NAME	ROSE, ELAINE
STREET ADDRESS	3407 NE 168TH STREET
CITY-ST-ZIP	N MIAMI BEACH, FL 00000
TITLE	VP
NAME	LEE, MELVIN J
STREET ADDRESS	RT 1, 324 LAKESIDE DR
CITY-ST-ZIP	MOUNTAIN REST SC
TITLE	ST
NAME	DJ BOIS, PHYLLIS (ASST)
STREET ADDRESS	15120 NE 9 CT.
CITY-ST-ZIP	N MIAMI BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	10525 NW 10 CT
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	251 LAKESIDE DR
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RESIGNED
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Scott F. Lee      **Scott F. Lee VP**      1/18/95      305-949-3441  
(Signature / Typed Name)